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PTO/SB/21 (09-04)

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Total Number of Pages in This Submission

2

Application Number

10/809,030

Filing Date

March 25, 2004

First Named Inventor

Lori Greiner

Art Unit

3637

Examiner Name

Unknown

Attorney Docket Number

47636.39.2

ENCLOSURES (Check all that apply)

☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐

Reply to Missing Parts/
Incomplete Application

☐

Reply to Missing Parts
under 37 CFR 1.52 or 1.53

☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐

Petition to Convert to a
Provisional Application

☒

Power of Attorney, Revocation
Change of Correspondence Address

☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) _____

☐ Landscape Table on CD

☐

After Allowance Communication to TC

☐

Appeal Communication to Board
of Appeals and Interferences

☐

Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

☐

Proprietary Information

☐

Status Letter

☒

Other Enclosure(s) (please identify
below):

Return Receipt Postcard.

Remarks

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Customer No.: 022859 Fredrikson & Byron, P.A.

Signature

Natalie D. Kadievitch

Printed name

Natalie D. Kadievitch

Date

October 4, 2005

Reg. No.

34,196

CERTIFICATE OF TRANSMISSION/MAILING

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Date

10/4/2005

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T-884 P.002/003 F-305

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PTO/SB/82 (04-05)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/809,030
Filing Date	03/25/2004
First Named Inventor	Lori Greiner
Art Unit	3637
Examiner Name	Unknown
Attorney Docket Number	47636.39.2

I hereby revoke all previous powers of attorney given in the above-identified application.☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number: 022859

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Lori Greiner

Date

October 3 2005

Telephone

(312) 943-2069

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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